Summer Food Service Program For Residential Camps and Upward Bound Programs 2014



SCHOOL AND COMMUNITY NUTRITION
500 Mero Street
Frankfort, KY 40601



Housekeeping

Online Webinar Series

- 1. Annual Training For Renewing Sponsors
- 2. Completing your Renewal Application
- 3. Civil Rights Compliance

- 4. Policy Memo Updates
- 5. Others?

Presentations will also be available in PDF format!



Training Overview:

Participant Eligibility

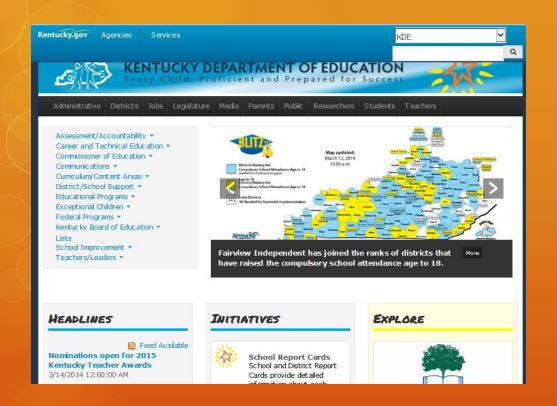
Meal Service Requirements
Including the Meal Pattern and
Menu Recordkeeping

Training and Monitoring Requirements

Recordkeeping Requirements

Program Expenses and Procurement

SFSP WEBSITE



STAR=On the SFSP Website

SFSP 2014 Guides!

The Summer Food Service Program Summer Food Rocks!

2014 Administrative Guidance for Sponsors





Under "Guidance" in Resource Section of SCN SFSP Website



The Summer Food Service Program Summer Food Rocks!

2014 Site Supervisor's Guide





Training Overview:

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Participant Eligibility

1.AGE

Children 18 years and under.

A person 19 or over who has a mental or physical disability and participates in a school program



2. Income Eligible



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* No matter what the documentation source, please compare income listed to the current USDA Income Eligibility Guidelines for accurate SFSP eligibility

Income Applications

-Applications must be kept on each camp session

-Reimbursement only for those meals served to participants who qualify for free or reduced priced meals.

-Income Applications are available on the SFSP website

OR

-If other sources of income eligibility are available, and SCN reviewers are able to review the information, this will satisfy the income application requirement for residential Upward Bound programs.



KY SPSP EL-01

INCOME SUBBILITY FORM

FOR THE

SUMMER FOOD SERVICE PROGRAM

(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below (please printingibly). Sign the form and return it to Name of Sponcor!

If you need help, call [phone number of 8ponsor]

you did not enter a SNAP or KTAP case number in Part 2.

Part 1. List the name of each child attending campand include either the camper's age or date of birth, and the camp session that the camper will be attending:

Camper's Full Name	Camper Age or Date of Birth	Camp Session

Part 2. Does anyone in the campers' household receive KTAP or SNAP benefits?		Yes	No
If yes, enter the benefits case number here:			_
Then, complete the application by signing in Part 5. You may skip Part 3 and	1Pa	ut 4.	
Part 3. Foctor Child			
Foster children are eligible for fee meals regardless of household income. If a foster child [name of 8poncor] at [phone number]. Complete Part 4 if you are applying for differ child			

Part 4. Household Composition and income information (Only complete this section if you answered "no" in Part 2, or if any of the campers in Part 1 are not foster children).

List the full names of all in your household including yourself, but not including the comparis) from Part 1:

What is the "household's" gross monthly income from all sources? _ \$_

District for families of all in your household including yourses, but not including the campanys) norm nat 1.							

(Gross income is the amount earned before taxes and other deductions. Income includes, but is not limited to: pay from employment, child support, alimony, wefare, social security, pensions, retirement Worker's Compensation, unemployment benefits, 88i, VA benefits, disability benefits and not income from self-owned businesses, farm or ental income. Contact insme of Sponsori at johone numbed if you have any questions on

reporting income.)

Part 5. Signature and Social	Security Number (Adult must s	(an)
An adult household member n	<u>rustsion this form.</u> If Part 4 is con	rpleted, the adults igning the form must also list the last t
digits of his or her Sodal Secu	inty Number or mark the "I do not	have a Sodal Security Number box.
		e is reported. I understand that this information is being ficials may verify the information. I understand that if I
		may lose the meal benefits, and I may be prosecuted.
8ign here: &		Date
Address:		Phone Number:
Last four digits of Social Se	ourity Number: D	I do not have a Social Security Number
breditet gregore. We May share your	algirity information with advantage, hash	griss made, and for administration, and enforcement of the locals and it, and noticities groupers to help their evaluate, fund, or determine add to help their locals into valutations of groupers rules.
i	thnic and racial identities (option	
A. Mark one ethnic identity:	B. Mark one or more radial k	dentities:
☐ Hispanic or Latino	□Asian	☐ American Indian or Alaska Native
□ Not Hispanic or Latino	□ White □ Black or African American	□ Netive Hawalian or Other Pacific Islander
Don't fill out this part. This is	s for eamp official's use only.	
Annual Income Conv	ersion: Weekly x 52, Every 2 V	Neeks x 26, Twice A Month x 24, Monthly x 12
Total Income	Per: DWeek, DB/ey 2Weeks,	□ Twice A Month, □ Month, □ Year
Household size:		
Categorical Eligibility: De	te Withdrawn: Eligibi	Ity: Free Reduced Cenled
Reason:		
Temporary: Free Redu	ced Time Period:	(expires afterdays)
Determining Official's Signatur	e:	Date:
Confirming Official's Signature	:	Date:
Follow-up Official's Signature:		Date

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meds. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP. Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your indiant action to determine if your child is eligible for free or reduced price meas, and for administration and enforcement of the Program.

Non-disorimination 8tatement: in accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To fix a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 independence Auenue, 8W, Washington, D.C. 20250-9410 or call followed (885) 632-9992 (Volce). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8338; or (800) 845-6136 (Spenish). USDA is an equal opportunity provider and employer.

Income applications must be updated every twelve months. Current year applications are located on our website

			Effective	from		July 1, 2013	to	June 30, 2014			
	PEDERAL POVERTY GUIDELINES		REDUCED	PRICE MEALS	- 185 %			FREE	MEALS - 130	%	
				TWICE	EVERY				TWICE	EVERY	
HOUSEHOLD				PER	TWO				PER	TWO	
SIZE	ANNUAL	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKL
						A, GUAM, AND T					
1	11,490	21,257	1,772	886	818	409	14,937	1,245	623	575	21
2	15,510	28,694	2,392	1,196	1,104	552	20,163	1,681	841	776	3
3	19,530	36,131	3,011	1,506	1,390	695	25,389	2,116	1,058	977	- 4
4	23,550	43,568	3,631	1,816	1,676	838	30,615	2,552	1,276	1,178	51
5	27,570	51,005	4,251	2,126	1,962	981	35,841	2,987	1,494	1,379	68
6	31.590	58,442	4,871	2,436	2,248	1,124	41,057	3,423	1,712	1,580	75
7	35,610	65,879	5,490	2,745	2,534	1,267	46,293	3,858	1,929	1,781	8
8	39,630	73,316	6,110	3,055	2,820	1,410	51,519	4,294	2,147	1,982	9:
For each add'I family											
member, add	4,020	7,437	620	310	287	144	5,226	436	218	201	10
					ALASKA						
1	14,350	26,548	2,213	1,107	1,022	511	18,655	1,555	778	718	35
2	19,380	35,853	2,988	1,494	1,379	690	25,194	2,100	1,050	969	4
3	24,418	45,159	3,764	1,882	1,737	869	31,733	2,645	1,323	1,221	6
4	29,440	54,464	4,539	2,270	2,095	1,048	38,272	3,190	1,595	1,472	7.
5	34,470	63,770	5,315	2,658	2,453	1,227	44,811	3,735	1,858	1,724	8
6	39,500	73,075	6,090	3,045	2,811	1,406	51,350	4,280	2,140	1,975	9
7	44,530	82,381	6,866	3,433	3,169	1,585	57,889	4,825	2,413	2,227	1,1
8	49,560	91,686	7,641	3,821	3,527	1,764	64,428	5,369	2,685	2,478	1,2
For each add'I family							1				
member, add	5,030	9,306	776	388	358	179	6,539	545	273	252	1
					HAWAH			,			
1	13,230	24,476	2,040	1,020	942	471	17,199	1,434	717	662	3.
2	17,850	33,023	2,752	1,376	1,271	636	23,205	1,934	967	893	4
3	22,470	41,570	3,465	1,733	1,599	800	29,211	2,435	1,218	1,124	50
4	27,090	50,117	4,177	2,089	1,928	964	35,217	2,935	1,458	1,355	67
5	31,710	58,664	4,889	2,445	2,257	1,129	41,223	3,436	1,718	1,586	75
6	96,330	67,211	5,601	2,801	2,586	1,293	47,229	3,936	1,968	1,817	9
7	AD,950	75,758	6,314	3,157	2,914	1,457	53,235	4,437	2,219	2,048	1,0
8	45,570	84,305	7,026	3,513	3,243	1,622	59,241	4,937	2,469	2,279	1,1
For each add'I family							1	1			
member, add	4,620	8,547	713	357	329	165	6,006	501	251	231	1

Current Year Income Eligibility
Guidelines must be used.

Training Overview:

Participant Eligibility

Meal Service Requirements
Including the Meal Pattern and
Menu Recordkeeping

Training and Monitoring Requirements

Recordkeeping Requirements

Program Expenses and Procurement

Camp Programs May Serve Any Combination of Three Meal Services!









SFSP Meal Pattern



Bre	akfast	Serving	Size
	Fluid Milk		l oup
•	Juice or Fruit or Vegetable	•	12 op
T	Grains/Breads		
	React, whole grate or enriched	T	I short
	Cold dry careal; whole greats, exercised or firstfled	-	SH cup for Loss
	Cooked cereal, rice and recalls products	-	12mp
Sna	ick Select two of the following four components		
	Fluid Milk	•	Loop
•	Juice or Fruit or Vegetable	₽	Mag
	Meat or Meat Alternate	ď	I owner
T	Grains/Breads		
	Stream whole grate or enriched	7	I situr*
	Cold dry careal; whole greats, exercised or firstfled	-	Strop for Lost
	Cooked cereal, rice and modify products	-	10mp
Lun	ch/Supper		
	Fluid Milk	•	Loop
	Lean Meat or Poultry or Fish or	66	2 ounces
	Alternate Protein Products or	e e	2 owner
	Cheese or	99	2 owner
	Egg (Large) or	•	/ egg
	Cooked Dry Beans or Peas or	-	12 op
	Peanut Butter, Soynut Butter, or Nut or Seed Butters or		47
	Peanuts, Soynuts, Tree Nuts or Seeds or	999	I or = 50
	Yogurt, Plain or Flavored, Unsweetened or Sweetened or an epitralent quantity of any continetor of the atom mediment attenues.	•	E ouncer I oup
•	Vegetables and/or Fruits () or more) Laponite contings of regetable analor (not)	•	24 op 1
•	Bread	1	I shoe *

^{*} or an explosited serving of an acceptable grained/mecha food component such as combined, blaculte, volte, multine, place cross, ab. make of a white-pain, form, or gene product and/or enthined read or fluor.
* For examin, julies may not be served when risk in a served as the cody after component.

Breakfast



3 Components Required

- 1. Fluid Milk (1% or Skim)
- 2. Fruit, Vegetable or 100% juice.
- 3. Grains/Breads

A Meat/Meat Alternate is **not** required but can be a nice addition!

Lunch/Supper

5 Items required

- 1. Fluid Milk (1% or Skim)
- 2. Fruit and/or Vegetable
- 3. Fruit and/or Vegetable
- 4. Grains/Bread
- 5. Meat/Meat Alternate



Snack

2 Components Required

Fluid Milk (1% or Skim) and/or

Vegetable/Fruit: (Juice must not be served when milk is the only other component) and/or

Bread/Grain Item and/or

Meat/Meat Alternate



OFFER VS. SERVE



Optional for All Sponsors

Breakfast: Sponsor Prepares Required Components plus one more. Participant may decline one item.

Lunch and Supper: Sponsor Prepares Required Components. Participant may decline two items.



Other Meal Service Requirements:

A sharing table may be designated for whole items that children choose not to eat, as long as the practice is in compliance with local and State health and safety codes.

Serve the same meal to all of the participants



All participants eat meals "on-site." HOWEVER, One whole fruit, vegetable, or grain item that is not eaten may be taken off site by the participant if the sponsor chooses to include this practice and has the supervision to ensure proper compliance.

Let the State Agency know about Field Trips!





-Establishing Meal Times (No time restrictions)

-If meals are delivered, theys can be delivered no more than 1 hour before the beginning of the meal service.



-If meals are not prepared on site, proper facilities must exist on-site for storing the food! (Remember Food Safety!)

Menu Record Planner Meals Must Meet Meal
Pattern Requirements and
Sufficient Quantities of
Each Component Must be
Served for meals to be
Reimbursable.



Fill out each component item completely

List the appropriate portion size or amount if a CN label product

Document number of total portions prepared

One planner per day, per food prep facility for Self-Prep Facilities

	Daily SFSP Menu Pla	nner BLS (CAMP AN	D MIGRANT ONLY)	
8ite:		Date:		
8ponsor.		Sponsor ID:		
Breakfast		Portion Size	Number of Portions	
(8 components)	Menu item	8cz	Prepared	
Fruit/Vegetable/Juice		+		
Bread/Grain		+		
Other:				
Lunch		Portion Size		
(6 components)	Menu Item	8oz	Prepared	
		944		
Mest/Protein				
Frut/Veg I				
Fruit/ Veg 2				
Bread/Grain				
Other:				
Supper (6 components)	Menu Item	Portion Size	Number of Portions Prepared	
Mik	many mani	8cz	- Ingene	
Mest/Protein				
Fruit/Veg				
Fruit/ Veg 2				
Bread/Grain				
Other:				
Comments:				



Breakfast,Lunch/Supper, Snack Daily SFSP Menu Planner						
Site: Clear La	a Ke Dr. Com. Cente	Date:	ly 8, 2014 ·			
Sponsor. Clearla	Ke CAC	Sponsor ID:	22125			
Breakfast (3 components)	Menu item	Portion Size	Number of Portions Prepared			
Milk	SkimMilk	8oz	100			
Fruit/Vegetable/Julce	Banana	1/ac	100			
Bread/Grain	Cheerios	102	100			

Menu Item	Portion Size	Number of Portions Prepared
SkinMilk	8oz	
7	102	100
Lother Mon	Va cup	100
Ovanas	Jacup	100
CanToptilla	102	100
Shredde & Chedda	107-	166
	SkimMilk Graind Beef Leftuu Tom Ovanas	Menultem SKIMMIK 802 Grand Beef 102 Lettur Tom Yacup Ovanas Jacup

Other:

Snack (2 out of 4 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
Bread/Grain			
Meat/Protein			
Other:			

	Comments;	
l		
١		
١		

Sponsors who use Food Service Management Companies that are NOT School Food Authorities must send in complete menus, along with their contract, with their renewal application. Once the application is approved, this documentation is sufficient and no additional daily menu planner is required to meet the meal pattern documentation requirement.



Training Overview:

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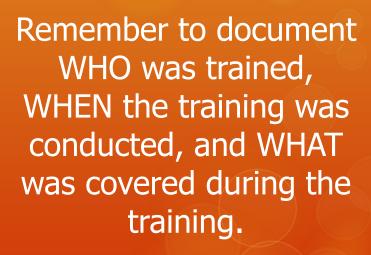
Program Expenses and Procurement



Document Training on the Training Form provided to you by the State Agency (SFSP Website.)

Ensure all Staff are trained on the specific requirements of their job or role in SFSP. All will be trained on Civil Rights.

	Summer Food Service Pro	prem (SPSP)		
	(Sponsor Name He	(4)		
	SFSP Staff Training Agenda an	d Sign-in Sheet		
	(Date)			
Agenda				
(List the itoms to be discussed du	ring the training - Se sure to includ	le Civil Mights)		
Steff Sign-in				
Staff Sign-in Printed Name	Signature	Site Name	Time	Time
	Signature	Site Name	Time Arrived	Time Left
	Signature	Site Name		
	Signature	Site Name		
	Signature	Site Name		
	Signature	Site Name		
	Signeture	Site Name		
	Signature	Site Name		
	Signature	Site Name		
Printed Name	Signature Signature		Arrived	Left
Printed Name		e aspects listed abo	Arrived	Left
Printed Name	ttendees were trained in th	e aspects listed abo	Arrived	Left

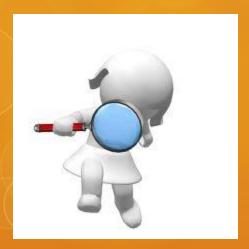




Different Trainings may be conducted due to varying roles of hired or volunteer workers

Keep Your Training
Agenda and Signature
Form available for review.





Monitoring!

The Role of the SFSP Monitor

 Conduct a *Pre-Operational Visit* for All New Sites (See SFSP Website for Preoperational Visit Form)

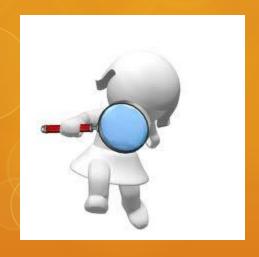


2. Conduct a quick *First Week Visit* for All Sites (May Be Waived for Returning Sites) (See SFSP Website for First Week Visit Form)



3.Conduct an in-depth *Monitor Review* within FOUR WEEKS for all sites. (See SFSP Website for Monitor Form)





Monitoring!

Use your Monitoring
Documentation to
Improve Your Meal
Service!

Keep All Monitoring
Documentation
Available for Review

Training Overview:

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Daily Recordkeeping Requirements 1. Menu Planner

2. Daily Meal Count Sheets

1. Menu Planner

Sponsors must keep records that provide adequate documentation that all meals claimed have met the meal pattern and were eligible for reimbursement. Each Food Preparation Facility must keep their own menu planner with total number of meals prepared by that facility.

*Not Applicable to Vended Upward Bound Programs



Site:		Date:		
Sponsor:		Sponsor ID:		
Breakfast (3 components)	Menu Item	Portion Size 8oz	Number of Portions Prepared	
Fruit/Vegetable/Juice		- 002		
Bread/Grain				
Other:				
Lunch or Supper (5 components)	Menu Item	Portion Size	Number of Portions Prepared	
Milk		80z		
Meat/Protein				
Fruit/Veg I				
Fruit/ Veg 2				
Bread/Grain				
Other:				
		-		
Snack (2 out of 4 components)	Menu item	Portion Size	Number of Portions Prepared	
Mik	menu itent	8oz	Foluons Prepared	
Fruit/Vegetable/Juice			-	
Bread/Grain				
Meat/Protein				
Other:				
Comments:				

Must include:



The number of meals delivered or prepared, by type

Complete first meals served to children, by type

Meals served to program adults, if any

Meals served to non-program adults, if any

2. **Daily Meal Count Sheet** for Camp Programs with 100% Free Eligibility

Attachment 18

								υлц	1 M	LAL	COU.	1111	ORM						
Site Name	2:											Meal	Туре	(circl	e):	в і	L S	SN SU	
Address:												Telep	hone:						
Superviso	r's Na	me:							D	eliver	y Tim	e:		D	ate:				
Meals red	eived	l/prep	ared_		_ + M	[eals :	waila	ble fr	om p	reviou	us day		_=		(Total	meal	s available)	D
First Mea																			
1 2	3	4 5	6	7	8	9	10	11	12	13	14	1	5	16	17	18	19	20	
21 22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
41 42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
61 62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	
81 82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
101 102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	
121 122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	
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					14/	148	149	130				1	otal I	irst N	tears	_			[3
Second m					10							T	otal S	econd	l Mea	ls +			[
Meals ser	ved to	Progr	am ad	ults:															
1 2 3	4	5 6	7	8 9	10						Tot	al Pro	gran	Adu	lt Me	als +			[4
Meals ser	ved to	non-F	rograi	m adu	lts:														
1 2 3	4	5 6	7	8 9	10					To	tal no	n-Pro	gran	Adu	lt Me	als +			[8
												TO	TAL	ME	ALS S	ERV	ED =		[
					1	Total	dama	ged/iı	ıcomp	plete/o	other	non-r	eimb	ursab	le me	als +			ľ
													To	tal lef	tover	meals	ş +		[8
									To	tal of	items				[6]	□ +	[7] + [8]	₽
[9]															(It	tem [9] sho	uld be equal	to item [1]
Number o											eals v	rere se	erved						
1 2 3	4	5 6	7	8	9 10) 11	12	13	14	15									
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Must include:



Names of all participants

A predetermined, but unobvious code that indicates whether the participant is income eligible or not.

The Date of the Meal Services

Checkmarks to indicate whether or not the participant was served this meal

Meals served to non-program adults, if any

Meals served to program adults, if any

*Sponsors may create these documents for use in an electronic spreadsheet

2. **Daily Meal Count Sheet** for Camp Programs with **Mixed** Eligibility

Camper's Name Code Neats S L S B L S B L S B L S B L S B L S S L S S L S S L S S		Date	Т																				
tal Eligible Meals: Total Ineligible Meals: total Program Adult Meals:		Meals	В	L	8	В	L	S	В	L	8	В	L	8	В	L	S	В	L	8	В	L	8
tal Eligible Meals: Total Ineligible Meals: Total Program Adult Meals:	Camper's Name	Code																					Г
al Eligible Meals: Total Ineligible Meals: Total Program Adult Meals: al Non-Program Adult Meals:			П														Г		Г	П			Г
nal Eligible Meals: Total Ineligible Meals: Total Program Adult Meals: tail Non-Program Adult Meals:			_	_	_				\vdash	_				_			_		_	_			L
tal Eligible Meals: Total Ineligible Meals: total Program Adult Meals: tail Non-Program Adult Meals:																							
nal Eligible Meals: Total Ineligible Meals: Total Program Adult Meals: tail Non-Program Adult Meals:		+	+	\vdash	\vdash	\vdash	Н	-	\vdash	_	Н	-	-	_	Н	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	_	Н
tal Eligible Meals: Total Ineligible Meals: Total Program Adult Meals:																							
tal Eligible Meals: Total Ineligible Meals: Total Program Adult Meals:			Т																				Г
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Training Overview:

Participant Eligibility

Meal Service Requirements
Including the Meal Pattern and
Menu Recordkeeping

Training and Monitoring Requirements

Recordkeeping Requirements

Program Expenses and Procurement

Program Cost Documentation



All Sponsors are Required to Keep Documentation of Program Expenses to account for the receipt, obligation, and expenditure of all SFSP Funds

[OMB Circular A-110, Section 22 (i)]

**Sponsors do not have to keep a separate food service account for their SFSP program.

Allowable Costs

Cost Non-Food Items That Are Used in The Preparation of the Meal, the delivery of the meal, or the Meal Service.

Cost of Food



Program Labor Such as Cooks or Site Supervisors

Administrative Labor such as Program Managers or Monitors





Documentation of Food and Non-Food

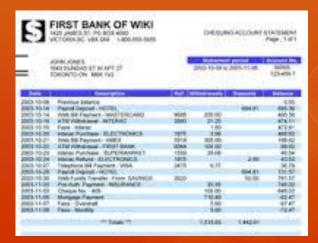
Purchasing Invoices



Receipts



Bank Records



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Mileage Logs



Monthly Inventory
Control Sheet (Done per Month)

	INVENTORY CO	ONTROL SHEE	r	
Name of site/sponsor:		Onsite:		
Central kitchen:				
Inventory period:	to			
Beginning inventory:	S			
1. Food item	Purchase unitsize &t description (case, bag, can, lb.)	3. # of units on hand	4. Unit cost	5. Total cost

Documentation of Program Labor Time



Attachment 26

Site/Sponsor name: Site/Sponsor address:_ Week of:										ber:	_
Name		Н	Hours lours er Da		orke	d in F	ood	l Hou	Tota Hou Wee	Hourly Wage	 Total
	S	M	T	w	T	F	S				
	+										
I understand that this is that deliberate misrepr criminal statutes.											

*Use this form for all site-level and food service staff performing operating costs tasks, that is, tasks directly related to the food service (e.g. meal servers, cooks, supervising children at the site).

Documentation of Administrative Stoff Time

Staff Time



Attachment 25

		TIM	E RE	POR	T	Adm	inisti	rative Staff*		
Sponsor name:								Sponsor Nur	nber:	
Sponsor address:										
Week of:										
		Hou	rs W	orke	d in S	SFSP	Adı	ninistration		
Name			lours er Da					Total Hours Weekly	Hourly Wage	Total Claimable
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upervisor's signature									Date	

*Use this form for administrative staff performing administrative cost tasks, that is, tasks related to the administration of the Program (e.g. monitors, book keepers, office staff, directors).

Attachment 27

Summary of Administrative Expenses (Tool for Compiling Expenses Per Month)



SUMMA	ARY OF ADMINISTRATIVE EXPENSES
1. Name of sponsor	
2. Month and year	
3. Position (a)	# of People Salary # of hours Total in that per spent on SFSP (e) position hour administration (b) (c) (d)
	x \$x= \$
	x \$x= \$
	x \$x= \$
	x s= s
	x s = s
	(f) Total salaries paid \$
4. Salaries (line 3f)	\$
Transportation	\$
Communication	\$
Rental of office space	\$
Office supplies	\$
9. Utilities	\$
 Use allowance of furniture and fixtures 	\$
11. Audit fees	\$
12. Legal fees	\$
13. Office building maintenance	\$
14. Other (specify)	\$
	\$
15. TOTAL	\$

Procurement Procedures in SFSP

SFSP Procurement is required by FNS regulation (7 C.F.R. §225.17). As with all other Federal funds, the primary objective of these procedures is to ensure maximum open and free competition. Although the program regulations do not specifically limit the term of procurement contracts, the State Agency will only allow, contract terms of one or two years.

Obtain the names, addresses, and email addresses of *at least* three food supplier companies. (Example: Gordon Foods, US Food, Sysco)

Fill out the prototype *Invitation* to Bid (Form A) letter with the necessary information

Invitation to Bid (Form A)

Date

Contact Name Address City, State Zip

Object: Invitation to Quote Price of Goods

Dear (Contact Name)

We are interested in purchasing (describe goods.)

Using the attached procurement form, please quote your ordinary unit price for supplying these goods together with your discount for volume purchases. Please include sales tax and delivery charges when applicable.

Please also indicate

A) Your terms of payment.

All price quotations must be firm and be good for a period of one year unless otherwise stated.

Please have quotes back to me by (date.)

Sincerely,

Хоиг Name Хоиг Title Хоиг Phone Number Хоиг Email



Fill out the *Bid List and Contract* (*Form B*) with the items you plan to purchase from the Food Supply Company. Make three copies.



Food Supply Vendor Contract (Form B)

Please quote your ordinary unit price for augglying gloods as indicated in the attached letter. Sign and authority to back to the contact by

			Extended Price
	Quantity Expected		(Quantity x Unit Price)
Items to be Purchased	to Buy	Unit Price	
	+		
	+		
	+		
	1		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
TOTAL			9
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Mail or email both documents to each of the food suppliers with a date that the bid should be returned. Sponsors must ensure that all potential food suppliers receive that same information.

When bids are returned to you, compile the bids, and document which food supplier was selected. If the lowest price is not the reason for selecting a prospective bidder, you must document why the alternate food supplier was chosen.

Keep all documentation of your procurement process available for review



QUESTIONS?

Call Cathy Gallagher
502-564-5625 Extension 4933
Cathy.gallagher@education.ky.gov



Thank you for Your Participation in the Summer Food Service Program!

We all Wish You Success!